



Brightside Volunteer Application



Thank you for your interest in the Brightside Ambassador program. The information on this application will help us find the most satisfying and rewarding volunteer service for you. You may include any additional information by attaching it to the application.

Please Print

Date: _____

PERSONAL INFORMATION

Name: _____ Social Security #: _____

Address: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email address: _____ Date of Birth: _____ T-Shirt Size: _____

VOLUNTEER OPPORTUNITIES

Program(s) of interest: ☐ Education ☐ Beautification ☐ Office Support
☐ Public Speaking ☐ Special Events ☐ Cleanups

What days and times are you most often available?

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both

Do you have transportation to and from volunteer assignments? _____

Would you be willing to be on-call for special assignments? YES NO

Reason for volunteering: _____

Hobbies/Special skills: _____

Have you ever volunteered with Brightside before? YES NO

How did you hear about the Brightside Volunteer program? _____

EXPERIENCE

Employment and/or Volunteer Experience: (Please include general dates of service)

REFERENCES

Please list one references (other than family) that Brightside may contact and their relationship to you.

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Day Phone: _____ Other Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

Please list any allergies or medical conditions Brightside should be aware of in case of emergency.
(allergic to bee stings, diabetic)

BACKGROUND INFORMATION

☐ Yes ☐ No Do you have charges pending or have you admitted guilt or been found guilty included Deferred Adjudication of committing any felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DUI.) If your answer is "yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court and the disposition of the case.

A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.

(Attach a separate sheet of paper if necessary.) _____

RELEASE STATEMENT

I certify that all statements I have made on this application are true and correct. I hereby authorize Brightside and Louisville Metro Government to investigate the accuracy of this information. I am aware that a background check will be required before placement. I expressly request references who may have information concerning me, to furnish such information to Brightside, and agree to hold such persons harmless, and I hereby release them from any and all liability for damage of nature whatsoever for furnishing such information.

Signature of Applicant: _____ **Date:** _____

Please Return to: Brightside, 527 W. Jefferson Street, 2nd Floor, Louisville, KY 40202
Phone: 502-5742613 Fax: 502-574-2792 Email: Brightside@louisvilleky.gov